

# EXHIBIT 1

**Company:** Firstline National Insurance Company

Bel Air, Maryland 21014-3544

**Policy Number:** 8192011      **Renewal of:** 8185864

## **BUSINESS OWNERS DECLARATIONS**

**Named Insured and Mailing Address**

HUMANS & RESOURCES, LLC  
T/A CADENCE  
161 W GIRARD AVENUE  
PHILADELPHIA, PA 19123

**Agency Name and Address**

4327-BAS MONTGOMERY INS. SERVICES, INC.  
330 W. STATE STREET  
MEDIA, PA 19063  
(610) 565-8280

**Policy Period: From 01/01/2020 to 01/01/2021 at 12:01 A.M. Standard Time at your mailing address shown above. In return for the payment of the premium and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.**

**BUSINESS DESCRIPTION: RESTAURANT**

FORM OF BUSINESS: Limited Liability Company

## SECTION I - PROPERTY

PREMISES INFORMATION: PREMISES 1, BUILDING

PREMISES ADDRESS:

161 W GIRARD AVE

PHILADELPHIA, PA 19123

COUNTY: PHILADELPHIA

## Construction: Joisted Masonry

Protection Class: 1

Occupancy: Restaurant

PROPERTY COVERAGES: (\$1,000 property deductible per occurrence) LIMIT OF INSURANCE  
 BUSINESS PERSONAL PROPERTY - Seasonal Increase 25%.....\$ 100,000  
 BUSINESS INCOME - Included - Refer to Endorsements for Coverage and Limitations

OPTIONAL COVERAGES: (\$500 deductible for OPTIONAL COVERAGES)

MONEY & SECURITIES - Maximum Inside the Premises Limit.....\$ 10,000  
- Maximum Outside the Premises Limit.....\$ 10,000

LIABILITY AND MEDICAL EXPENSES: See Liability and Medical Expenses Schedule

FORMS AND ENDORSEMENTS: See Form Schedule

PREMIUM: Annual Premium: \$5,790

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LIABILITY AND MEDICAL EXPENSES SCHEDULE

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SECTION II - LIABILITY AND MEDICAL EXPENSES

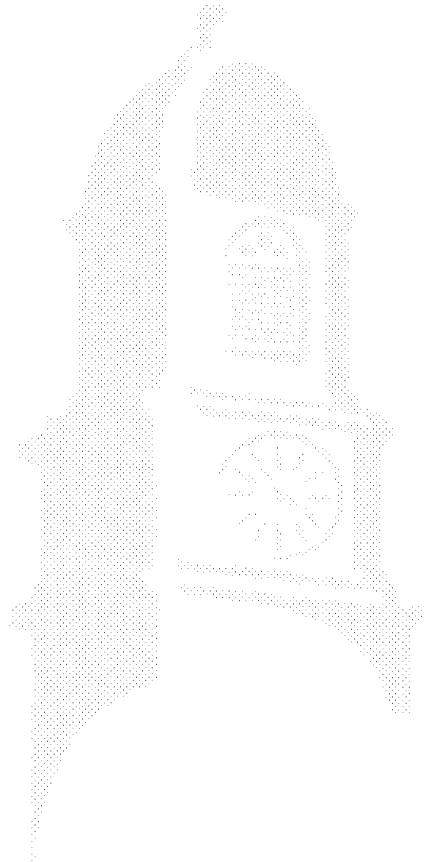
Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II-Liability in the Businessowners Coverage Form and any attached endorsements.

LIABILITY COVERAGE\*

| LIABILITY COVERAGE*                                      | LIMIT OF INSURANCE |
|--|--------------------|
| Liability and Medical Expenses (Per Occurrence).....     | \$1,000,000        |
| Medical Expenses (Per Person).....                       | \$ 5,000           |
| Damage to Premises Rented to You (Any One Premises)..... | \$ 50,000          |
| Other Than Products/Completed Operations Aggregate.....  | \$2,000,000        |
| Products/Completed Operations Aggregate.....             | \$2,000,000        |

\*Optional Property Damage Liability Deductible May Apply. Refer to Forms Schedule for Deductible Information (If Applicable).

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IMPORTANT NOTICES TO POLICYHOLDERS

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BP0571 (0115) DISCLOSURE OF PREMIUM & ESTIMATED PREMIUM/CERTIFIED ACTS OF TERRORISM  
(A) PREMIUM THROUGH 12/31/2020 \$71  
(B) ESTIMATED PREMIUM BEYOND 12/31/2020 \$-0  
Federal share of terrorism losses 80% Year 2020 and after.

BPMS004 (1017) BUSINESSOWNERS AUDIT NONCOMPLIANCE FACTOR ADVISORY NOTICE  
BPMS007 (0120) NOTICE TO POLICYHOLDERS-POTENTIAL RESTRICTIONS OF TERRORISM COVERAGE  
BPMS12-1 BUSINESSOWNERS EQUIPMENT BREAKDOWN  
ILMS001 (0117) FLOOD INSURANCE NOTICE  
ILMS003 (0115) POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE  
ILMS013 (0417) POLICYHOLDER NOTICE REGARDING CYBER LIABILITY COVERAGE  
ILMS014 (0416) NOTICE REGARDING CLAIMS-MADE COVERAGE ON YOUR POLICY  
ILMS015 (0417) POLICYHOLDER NOTICE REGARDING EMPLOYMENT PRACTICES LIABILITY COVERAGE  
ILMS016 (1015) CUSTOMER PRIVACY POLICY  
ILMS018 (0718) IMPORTANT POLICYHOLDER INFORMATION CONCERNING BILLING AND POLICY FEES  
ILMS019 (1119) UNDERSTANDING THE AUDIT PROCESS COULD SAVE YOU MONEY  
ILMS11 (0604) ADVISORY NOTICE TO POLICYHOLDERS - OFAC  
ILMS11-1(0411) PROTECTIVE SAFEGUARD ENDORSEMENT ADVISORY NOTICE  
ILMS93-1(0908) LEAD LIABILITY EXCLUSION  
ILN088 (0903) PENNSYLVANIA FRAUD STATEMENT

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FORM SCHEDULE

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FORMS AND ENDORSEMENTS APPLYING TO AND MADE A PART OF THIS POLICY AT TIME OF ISSUE:

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BP0003 (0713) BUSINESSOWNERS COVERAGE FORM  
BP0142 (0315) PENNSYLVANIA CHANGES  
BP0191 (0702) PENNSYLVANIA NOTICE  
BP0501 (0702) CALCULATION OF PREMIUM  
BP0517 (0106) EXCLUSION - SILICA OR SILICA-RELATED DUST  
BP0523 (0115) CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM  
BP0538 (0115) EXCLUSION-OTHER ACTS OF TERRORISM; CAP ON CERTIFIED ACTS OF TERRORISM  
BP0542 (0115) EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM  
BP0564 (0115) CONDITIONAL EXCLUSION OF TERRORISM  
FIRE EXCEPTION STATES: GA, NC, NJ & VA

BP0577 (0106) FUNGI OR BACTERIA EXCLUSION (LIABILITY)  
BP0598 (0713) AMENDMENT OF INSURED CONTRACT DEFINITION  
BP1504 (0514) EXCLUSION-ACCESS/DISCLOSURE W/LTD BODILY INJURY EXCEPTION  
BPHG10 (0910) EXCLUSION - LEAD CONTAMINATION  
BPHG25 (0517) AUDIT NONCOMPLIANCE FACTOR ENDORSEMENT  
BPHG51 (0105) ASBESTOS EXCLUSION ENDORSEMENT  
BPHG58 (0908) TOBACCO HEALTH HAZARD EXCLUSION  
BPHG64 (0713) GREEN ENVIRONMENTAL AND EFFICIENCY IMPROVEMENTS  
BPHG79 (0713) EXCLUSION-LOSS DUE TO BY-PRODUCTS OF PRODUCTION/PROCESSING OPERATIONS  
BPHG93 (0618) PENNSYLVANIA CHANGES  
BPHG97 (0517) EXCLUSION-UNMANNED AIRCRAFT  
BPIN01 (0713) BUSINESSOWNERS COVERAGE FORM INDEX  
BP0404 (0110) HIRED AUTO AND NON-OWNED AUTO LIABILITY.....224.00  
Coverage: Hired Auto Liab. & Non-Owned Auto Liab.

BP0430 (0713) PROTECTIVE SAFEGUARDS  
Symbols Applicable: P-5  
Premises 1, Building 1

BP0448 (0713) ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION.....24.00  
Designated Person: FANTANTA

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 Designated Person: METRO CORP DBA PHILADELPHIA MAGAZINE  
 Organization: AND DJF GROUP, INC

BP0456 (0713) UTILITY SERVICES - DIRECT DAMAGE.....36.00  
 Type: Public  
 Water Supply: Included  
 Communication Supply: Not Included  
 Power Supply: Included  
 Overhead Power: Included  
 Overhead Communication: Not Included  
 Covered Property: Personal Property Only  
 Limit: \$10,000  
 Premises 1, Building 1

BP0457 (0713) UTILITY SERVICES - TIME ELEMENT.....82.00  
 Water Supply: Included  
 Communication Supply: Included  
 Power Supply: Included  
 Overhead Power: Included  
 Overhead Communication: Included  
 Utility Service Limit: \$10,000  
 Wastewater Removal: Not Included  
 Premises 1, Building 1

BP0497 (0106) WAIVER - TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US  
 Name: SEE BE-24

BP1203 (0110) LOSS PAYABLE CLAUSES  
 Applicable Clause: A  
 Loss Payee Name: FANTANTA  
 Loss Payee Address: 30 N. SECOND STREET  
 City, St., Zip: PHILADELPHIA, PA 19122  
 Premises 1, Building 1

BP1231 (0110) ADDITIONAL INSURED - BUILDING OWNER  
 Building Description: RESTAURANT  
 Building Owner Name: TBA  
 Building Owner Address: 161 W GIRARD AVE., PHILADELPHIA, PA 19123  
 Premises 1, Building 1

BP1488 (0713) PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION  
 BP1489 (0713) LIQUOR LIABILITY COV-BRING YOUR OWN ALCOHOL ESTABLISHMENTS (MP)438.00  
 Aggregate/Ea. Cause Limit: \$1,000,000

BPHG40 (1017) EQUIPMENT BREAKDOWN ENHANCEMENT ENDORSEMENT.....101.00  
 BPHG60 (0713) BUSINESS OWNERS IMPROVED VALUE ENDORSEMENT PLUS.....336.00  
 BPHG80 (0618) EMPLOYMENT-RELATED PRACTICES LIABILITY ENDORSEMENT.....370.00  
 \*\*\*\*THIS COVERAGE IS CLAIMS MADE, READ YOUR POLICY CAREFULLY\*\*\*\*  
 \*\*\*\*DEFENSE COSTS ARE WITHIN POLICY LIMITS\*\*\*\*  
 Each Claim Limit: \$100,000  
 Aggregate Limit: \$100,000  
 Deductible Each Claim: \$5,000 Each Claim  
 Retroactive Date: 01/01/2018

ILHG06 (0814) EARLIER NOTICE OF CANCELLATION - SCHEDULED PERSON OR ORG  
 Name of Person: METRO CORP DBA PHILADELPHIA MAGAZINE &  
 Name of Organization: DJF GROUP, INC.  
 Mailing Address: 601 WALNUT STREET SUITE 200 EAST  
 : PHILADELPHIA, PA 19106  
 # of Days Advance Notice: 30

ILHG07 (0416) CYBER LIABILITY ENDORSEMENT CLAIMS-MADE & REPORTED COVERAGE....115.00  
 \*\*\*\*THIS COVERAGE IS CLAIMS MADE, READ YOUR POLICY CAREFULLY\*\*\*\*  
 \*\*\*\*DEFENSE COSTS ARE WITHIN POLICY LIMITS\*\*\*\*

(4) POLICY: 8192011 2019/10/01-1.00(37)  
 ISSUE DATE: 11/18/2019 #1

Retroactive Date: 01/01/2018

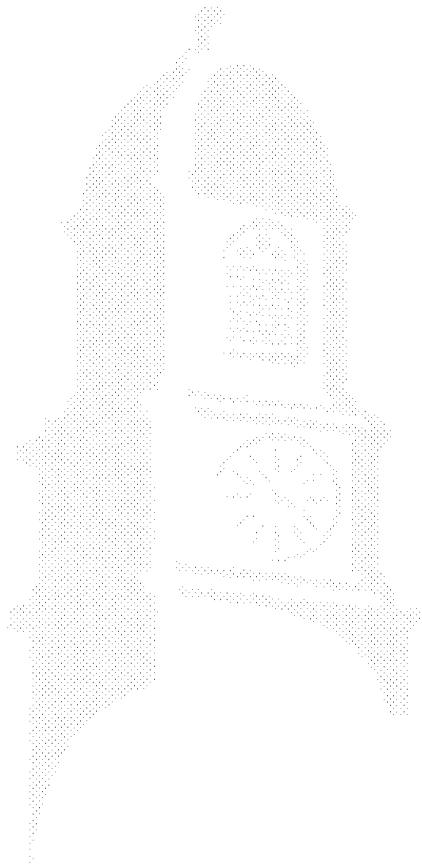
BE-24 (0196) WAIVER - TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS

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COVERAGE EXTENSIONS AND/OR MISCELLANEOUS CHARGES

CUSTOMER SEATING..... 360.00  
Premises 1, Building 1

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OTHER CHARGES APPLIED TO THIS POLICY

Terrorism Risk Insurance Program Reauthorization Act of 2015 - Certified Acts -  
Premium Charged..... 71.00



**Company:** Firstline National Insurance Company

Bel Air, Maryland 21014-3544

**Policy Number:** 8192011    **Renewal of:** 8185864

**Named Insured and Mailing Address**

HUMANS & RESOURCES, LLC  
T/A CADENCE  
161 W GIRARD AVENUE  
PHILADELPHIA, PA 19123

**Agency Name and Address**

4327-BAS    MONTGOMERY INS. SERVICES, INC.  
330 W. STATE STREET  
MEDIA, PA 19063  
(610) 565-8280

**Policy Period:** From 01/01/2020 to 01/01/2021 at 12:01 A.M. Standard Time at your mailing address shown above.  
**In return for the payment of the premium and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.**

Waiver - Transfer of Rights of Recovery Against Others

Form Number: BE-24

METRO CORP DBA PHILADELPHIA MAGAZINE & DJF GROUP, INC.